

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

Supporting recovery in acute care and emergency settings

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Resources and Continuing Education

“Download Materials Here” available now

- Speaker bios

Available at end of webinar

- Certificate of Participation
- Link to NAADAC Continuing Education
- Participant feedback opportunity



Recovery to Practice

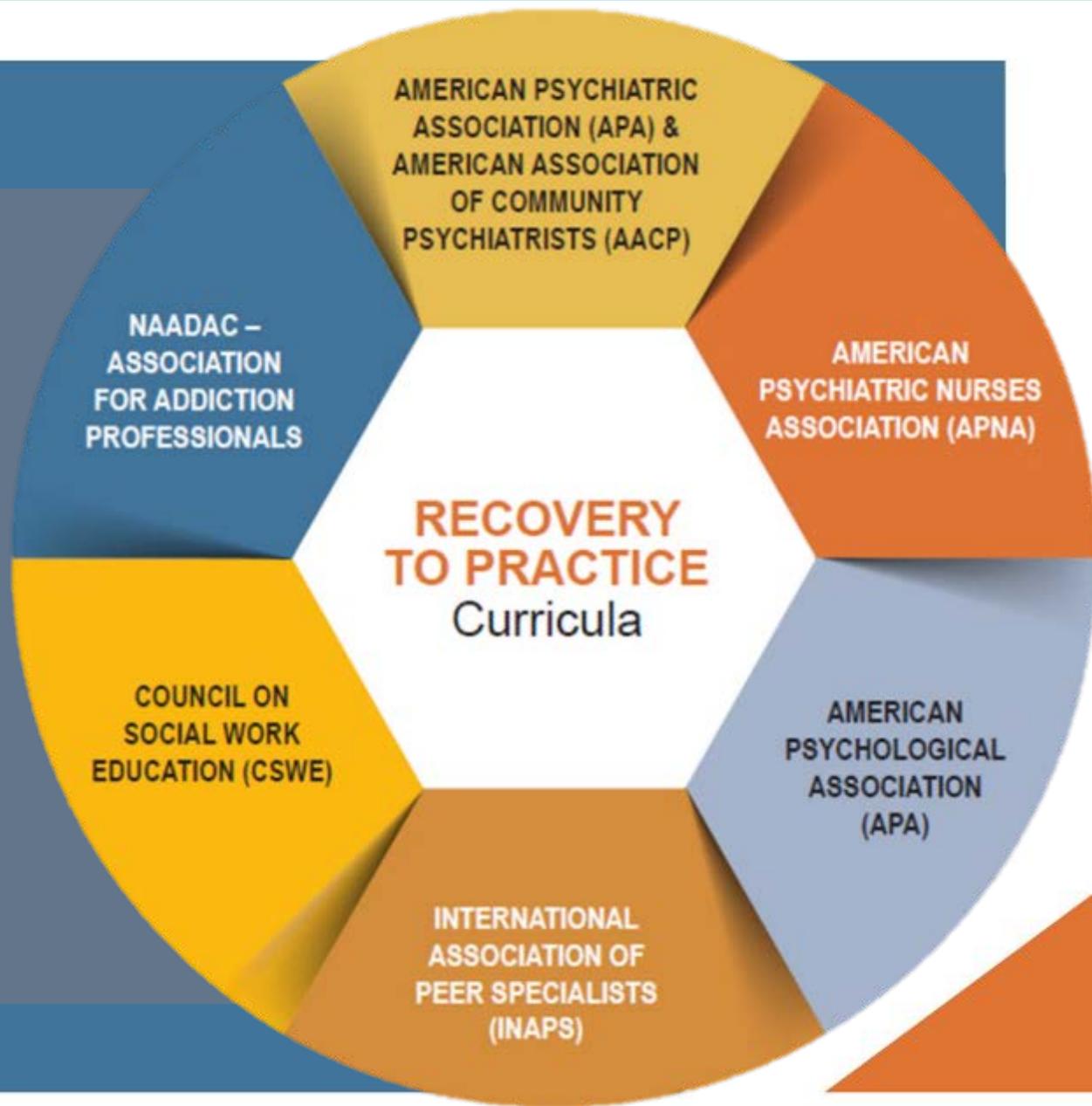
An illustration featuring several colorful gears (pink, light blue, green, orange, blue, yellow) arranged in a horizontal line. Two dark grey hands are shown, one on the left and one on the right, each holding a gear. The hand on the left holds a green gear, and the hand on the right holds an orange gear. The gears are interlocking, symbolizing collaboration and interconnectedness.

Through education, training, and resources the Recovery to Practice (RTP) program supports the expansion and integration of recovery-oriented behavioral health care delivered in multiple service settings.



SAMHSA's
10 Principles
and
4 Dimensions
of Recovery in
Behavioral
Health

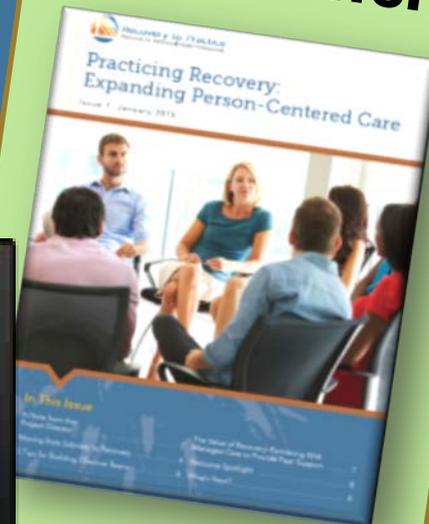
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Anchor

Recovery Community Center

peer-to-peer support services

Recovery Coaching in the Emergency Room

Thomas Joyce

A

AGENDA

- Overview of the recovery coach role and the ER departments.
- Program operations- schedule, use of cell phones, documentation, time sheets, supervision requirements
- Overview of referrals for recovery support and treatment
- First Year of Operation



Anchor

Recovery Community Center

peer-to-peer support services

AnchorED was launched in an attempt to reduce the instance of accidental opioid overdose by connecting overdose patients with Certified Recovery Coaches in emergency department.

What We Do



Connect people experiencing overdose and using hospital emergency departments with peer-to-peer recovery support.

On Call 24/7



Certified Peer Recovery Specialists are on call to all Emergency Departments 24/7 and called in when individuals are transported to a hospital emergency department having survived an opiate overdose.

Certified Peer Recovery Specialists



Providing Support

The hours immediately after an overdose are medically risky, but they also present a unique opportunity.

AnchorED will make sure that patients and their families know that substance use disorder is a medical condition, and that recovery is possible.

Recovery Coach Role In the ER

Engage with those who have survived an opiate overdose

Listen and be present to answer questions patients may have about recovery supports or treatment options

Provide information to family members

Role Comparison

	Counselor	Sponsor	Recovery Coach
Primary preparation	Academic studies, ongoing training and supervision	Personal recovery	Shared life experience, training, and supervision
Process centered on...	Treatment plan and agency treatment approach	12 Steps	Recovery plan
Self-disclosure	Used sparingly	Used often; but no public disclosure of 12-step membership	Used often, and open about recovery status in public
Location of service	In office	In community	In community and in office
Length of service	Length of treatment	Open-ended	Open-ended

Role of Recovery Coaches



How does a recovery coach complement the recovery process?

How does that apply to the ER?

Spectrum of Attitudes

Treating people
as
RESOURCES

Treating
people as
RECIPIENTS

Treating
people as
OBJECTS

Treating People as Objects



DO NOT DISREGARD

We treat people as objects when we know what is best for them. We disregard their wants and needs.

Treating People as Recipients

We treat people in recovery as recipients when

We still believe that we know what is best for them.

We still give them the opportunity to participate in the decision-making process, but ultimately we are going to make the decision for them.



Treating People as Resources

We treat people as resources



When there is an attitude of respect toward what the person in recovery can do, what he or she wants to do, and what they are ready to do.

Ethics and Boundaries in the ER

- The same rules apply working in the ER as at agency
- No disclosure without a written release
- Be respectful of the ER staff
- Know we are visitors in their territory
- Do not be afraid to ask for help
- Know your own limits

Self Care

- Take care of yourself first.
- You will be dealing with family who are traumatized, patients who are irritated, ER staff who may be skeptical of what your role is.
- Seek support from your supervisor when necessary.

AnchorED Procedures

Training as Certified Peer Recovery Specialists

Orientation to ED practices and procedures

Documentation and data collection

Supervision

Supervision

Mandatory 2 times per month

Additional individual supervision as needed

Checking in during and after shift

How It Works



- Notify you are on duty
- ID tags and forms
- All persons you meet must have a follow-up call the next day
- Continue with follow up until paperwork is received by Anchor ED Coordinator

Get the Call!



- Get the call
- Be at the hospital within 30 minutes of the call
- Check in with ED Charge Nurse
- Begin work with the person

First Year of Operation: July 2014 - June 2015

230 survivors seen by recovery coaches

193 survivors, or 83%, have engaged in recovery supports after discharge from ED

Majority of survivors followed by Anchor Recovery Community Center with multiple recovery supports

36 survivors declined recovery support services; two remained in hospital care

Of the 230 survivors seen, only 12 (5%) have been seen in ER multiple times.

Recovery Support Paths

Anchor Emergency Department

Detox

Treatment

Medication

Assisted Treatment

Anchor Recovery Community Center

Recovery coaching

Telephone support

Treatment referral

Recovery housing

Post Discharge Recovery Supports



Impact on ED staff and operations



Supporting Recovery in Acute Care and Emergency Settings

Bryan Bailey, BSN, RN
Assistant Service Manager, Psychiatric Services
Parkland Health and Hospital System

Create Environments of Hope and Wellness

When people present to acute care emergency rooms we can immediately engage patients using recovery principles ...

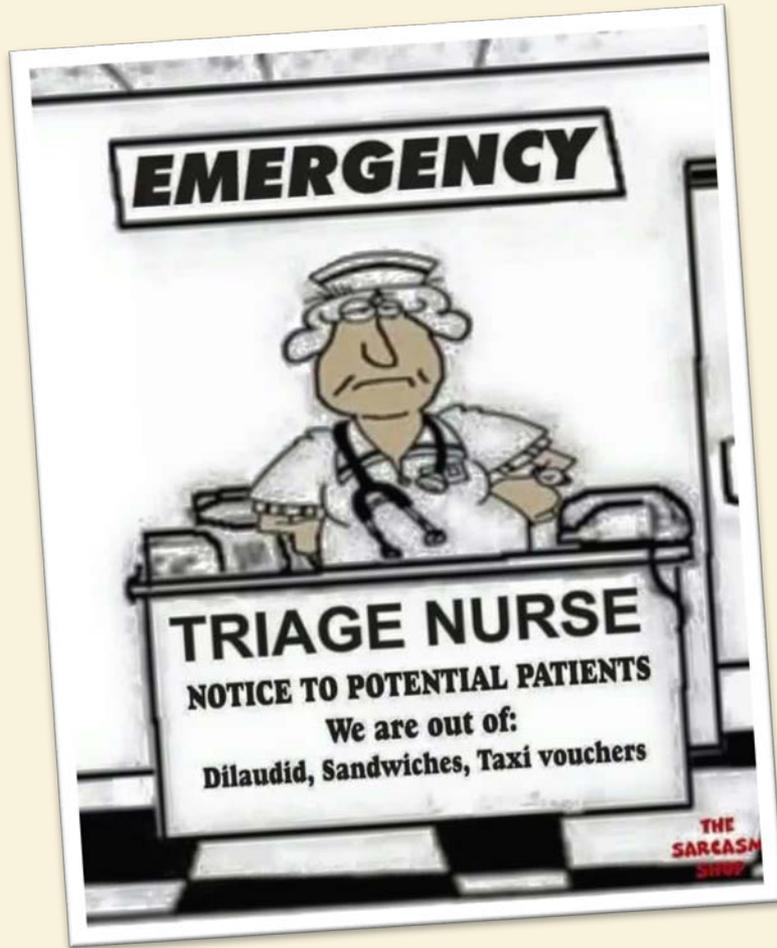
Verbal communication

Non-verbal communication

Environment

Peer Navigators

What We Don't Want to See...



Right From the Start...

We strive to involve each person in their care from our initial point of contact with them.

- *How can we help you?*
- You are safe here
- *What are your goals?*
- Tell me what I can do for you...
- *What medications work best for you?*
- Would you like to meet with a person who is in recovery?

Power of Non-verbal Communication

Non-verbal communication can convey hope and recovery.

Smiling

Eye contact

Open posture

Providing personal space

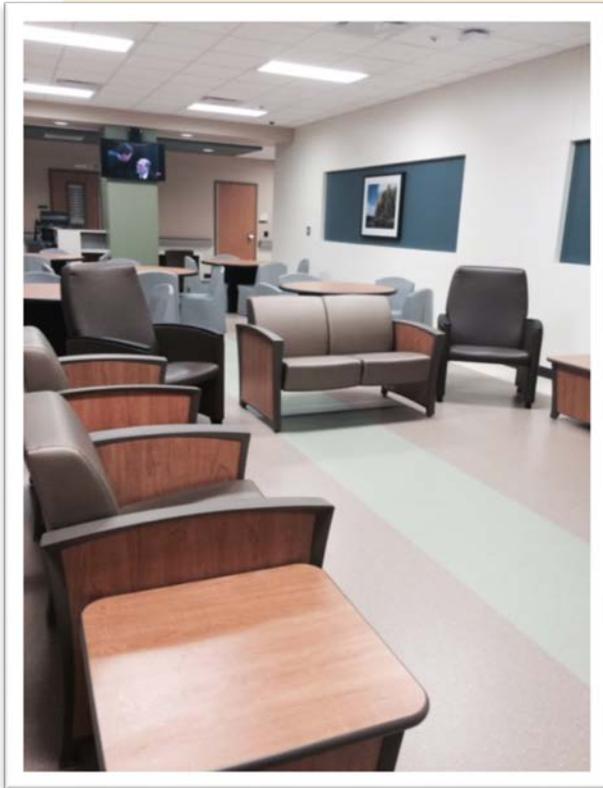
Sitting with people rather than standing over them

Environmental Changes

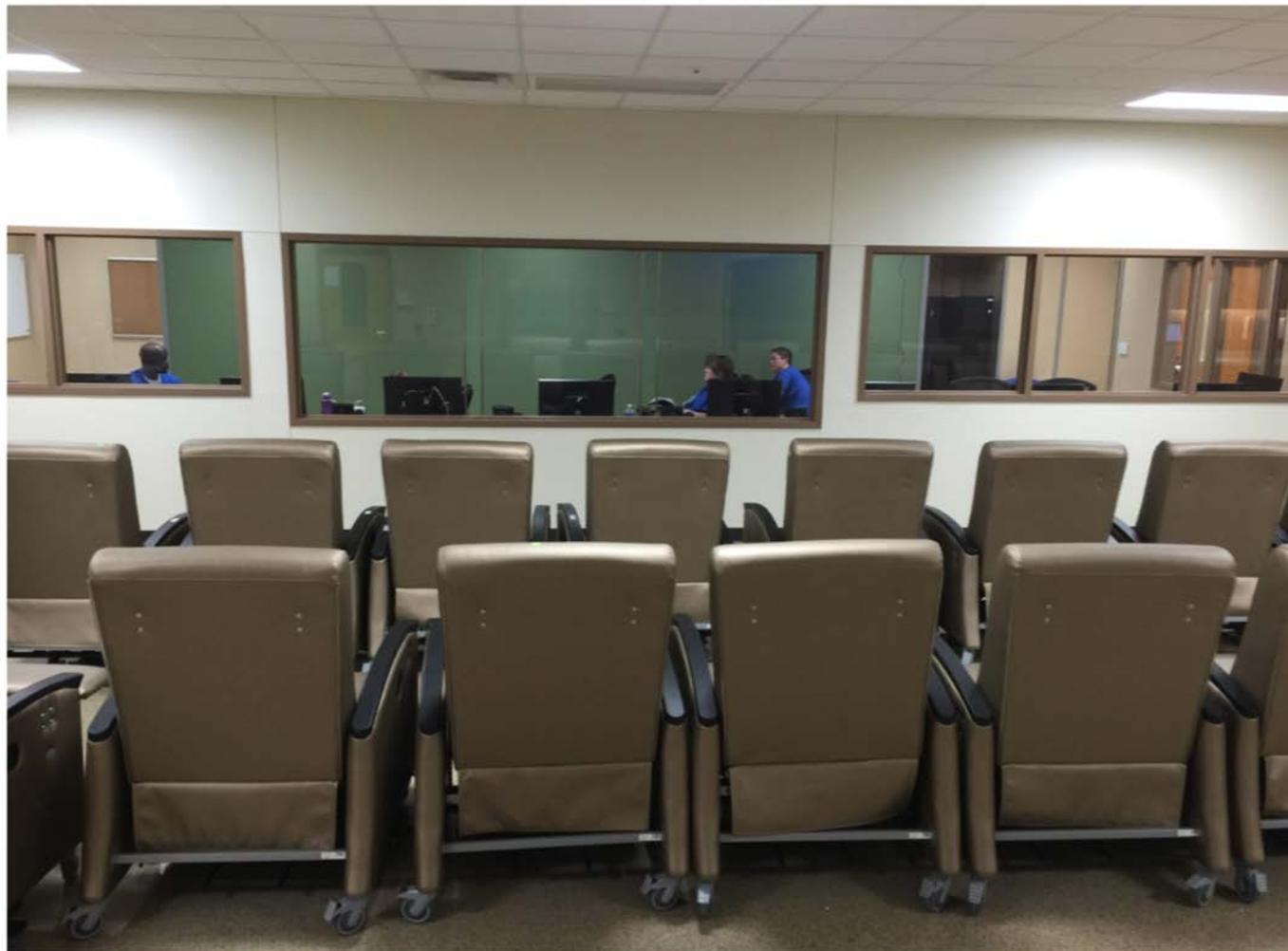
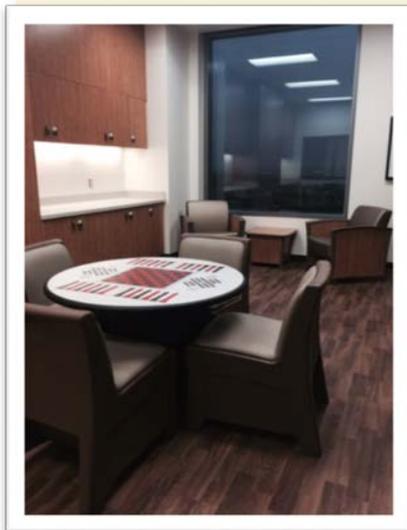
Changes in the environment can convey a more welcoming and care-centered environment.



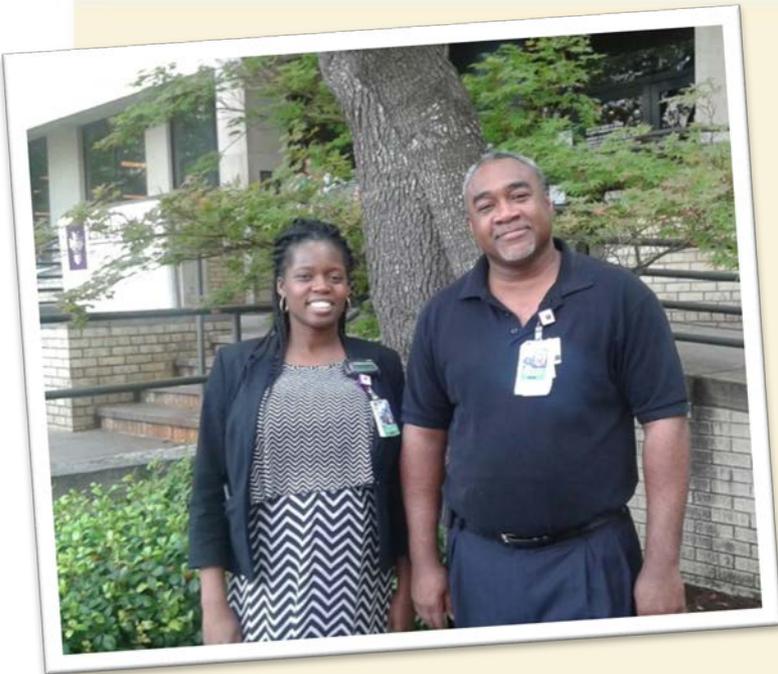
Inside the Psychiatric Unit



Inside the Emergency Department



Peer Navigators



It's so much easier to listen to someone who has been in your shoes and can understand what you are experiencing.

Peer navigators have experienced depression, anxiety, substance use or other mental health issues, so they know the challenges.

Patients trust them because they've 'been there, done that'.

Celeste Johnson, DNP, APRN, PMH CNS, Director of Nursing, Psychiatric Services at Parkland

Peer Navigators:
Life experiences help former patients build bridges and inspire hope

Questions



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Recovery to Practice

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Coming up soon!



- **January 26: Recovery-oriented community-focused responses to behavioral health crises**
- **February 2: Hospital diversion and alternatives in crisis response**



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